

Farm Automobile Supplement



Name of Applicant / Insured:	Policy Number:	Effective Date:
Broker Name & Number		In Business Since:
Name of Principal:	Other Policies with Intact:	

OPERATIONS

Number of Acres:	Percentage of Income from Farming:
Type of Farm <input type="checkbox"/> Hobby Farm <input type="checkbox"/> Grain <input type="checkbox"/> Livestock <input type="checkbox"/> Dairy <input type="checkbox"/> Produce <input type="checkbox"/> Mixed (provide details): <input type="checkbox"/> Other (provide details):	

DESCRIBED AUTOMOBILES

Auto #	Year	Make and Model	Serial Number	List Price New	Gross Vehicle Weight	Percentage of use off Farm
						%
						%
						%
						%
						%

AUTOMOBILE USE

General Information	Automobile 1	Automobile 2	Automobile 3	Automobile 4	Automobile 5
Describe automobile use					
Normal Radius	km	km	km	km	km
Maximum Radius	km	km	km	km	km
Percent of personal use	%	%	%	%	%
Is this automobile used to take product to market?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, confirm frequency and radius	Frequency: Radius:	Frequency: Radius:	Frequency: Radius:	Frequency: Radius:	Frequency: Radius:
Are any of the Insured's automobiles rented or leased to others? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: Which automobiles are rented/leased to others? How long are automobiles rented or leased? Does the Insured have a rental or lease agreement in place? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy.					

Hauling for Others					
Is this automobile used to haul for others? If yes, confirm commodities, frequency, and radius.	Yes <input type="checkbox"/> No <input type="checkbox"/> Commodities: Frequency: Radius:	Yes <input type="checkbox"/> No <input type="checkbox"/> Commodities: Frequency: Radius:	Yes <input type="checkbox"/> No <input type="checkbox"/> Commodities: Frequency: Radius:	Yes <input type="checkbox"/> No <input type="checkbox"/> Commodities: Frequency: Radius:	Yes <input type="checkbox"/> No <input type="checkbox"/> Commodities: Frequency: Radius:
Does the Insured haul non-owned trailers? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: Number of non-owned trailers hauled: Radius: Commodities hauled: Who are the non-owned trailers hauled for?					
Hauling Livestock					
Does the Insured haul livestock? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: How often does the Insured haul own livestock? Radius: Does the Insured haul livestock for others ? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: How often is livestock hauled for others? Radius:					
Attached Machinery / Equipment					
Do any of the Insured's automobiles have attached machinery or equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: Describe all attached machinery/equipment (include automobile details and value): Do any of the Insured's automobiles have mounted/attached tank for transporting fuel? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: Tank Size: Is tank permanently attached? Type of fuel transported:					
USA Exposure					
Are any of the automobiles used to go into the USA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: Confirm which states: How often does the Insured go into the US? Radius: Commodities hauled: Are US filings required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:					

DRIVER INFORMATION						
Name	Date of Birth dd/mm/yyyy	License Number	License Province	License Class	Automobile(s) Driven	Years experience with a similar automobile

Does the Insured employ seasonal workers? Yes ☐ No ☐

If yes, do they have regular access to the automobiles? Yes ☐ No ☐

Have any automobiles been modified to transport workers (seasonal or permanent)? Yes ☐ No ☐

If yes, please provide details:
 Number of passengers transported:
 Frequency:

Does the Insured have any private passenger vehicles covered under another policy? Yes ☐ No ☐

If yes, provide the Insurer and policy number:

This Supplementary Form is intended to provide information in addition to that provided within the corresponding Application for a Standard Automobile Policy. Consent and disclosure provided within the corresponding Application for Automobile Insurance Owner's Form extends to this Supplementary Form, and the applicant acknowledges that the Application for Automobile Insurance Owner's Form is based on the truth of the information provided herein.

Signature of Applicant / Insured:	Date:
Signature of Broker:	Date: